

REQUEST FOR OPERATIONAL MISSION SPECIALTY QUALIFICATION CARD, CAP FORM 101, OR SPECIALTY QUALIFICATION TRAINING CARD, CAP FORM 101T												
NAME (LAST, FIRST, MI)						GRADE		CAPID		CHARTER NO.		
ADDRESS (STREET, CITY, STATE,												
HOME TELEPHONE			WORK TELEPHONE			PAGE TELEPHONE			RADIO CALL		CAPF 76 (NO./DATE)	
HEIGHT	WEIGHT	EYES	HAIR	BIRTHDAY (D, M, Y)		<input type="checkbox"/> SENIOR <input type="checkbox"/> CADET		APPLICATION FOR: <input type="checkbox"/> CAPF 101 <input type="checkbox"/> CAPF 101T				
EMERGENCY CONTACT				PRIMARY PHONE				SECONDARY PHONE				
FAA CERT NO.		FAA MEDICAL (CLASS/DATE)		CAPF 5 DATE		CAPF 91 DATE		TOTAL HRS PIC		MOUNTAIN CLINIC		
FAA CERT. RATINGS/LIMITATIONS												
SPECIALTY RATING (S) REQUESTED						PLACE AN "X" OVER THE BLOCK NO. FOR EACH REQUESTED			<input type="checkbox"/> INITIAL <input type="checkbox"/> UPGRADE <input type="checkbox"/> RENEWAL <input type="checkbox"/> TRANSFER			
<input type="checkbox"/> 1	GENERAL EMERGENCY SERVICES					<input type="checkbox"/> 14	GROUND TEAM LEADER					
<input type="checkbox"/> 2	INCIDENT COMMANDER					<input type="checkbox"/> 15	GROUND TEAM MEMBER					
<input type="checkbox"/> 3	AGENCY LIAISON					<input type="checkbox"/> 16	URBAN DIRECTION FINDING TEAM					
<input type="checkbox"/> 4	OPERATIONS SECTION CHIEF					<input type="checkbox"/> 17	INFORMATION OFFICER					
<input type="checkbox"/> 5	PLANNING SECTION CHIEF					<input type="checkbox"/> 18	FLIGHT LINE SUPERVISOR					
<input type="checkbox"/> 6	LOGISTICS SECTION CHIEF					<input type="checkbox"/> 19	FLIGHT LINE MARSHALLER					
<input type="checkbox"/> 7	AIR OPERATIONS BRANCH DIRECTOR					<input type="checkbox"/> 20	COMMUNICATIONS UNIT LEADER					
<input type="checkbox"/> 8	GROUND BRANCH DIRECTOR					<input type="checkbox"/> 21	MISSION RADIO OPERATOR					
<input type="checkbox"/> 9	SAR/DR MISSION PILOT					<input type="checkbox"/> 22	MISSION SAFETY OFFICER					
<input type="checkbox"/> 10	TRANSPORT MISSION PILOT					<input type="checkbox"/> 23	LIAISON OFFICER					
<input type="checkbox"/> 11	SAR/DR MISSION PILOT					<input type="checkbox"/> 24	MISSION CHAPLAIN					
<input type="checkbox"/> 12	MISSION OBSERVER					<input type="checkbox"/> 25	MISSION STAFF ASSISTANT					
<input type="checkbox"/> 13	MISSION SCANNER					<input type="checkbox"/> 26	RADIOLOGICAL MONITOR					
<input type="checkbox"/> 27	TECHNICAL SPECIALIST(AS APPROVED BY WING/REGION COMMANDER) SPECIALTY:											
CAPF 116 COMPLETION DATE: _____						FIRST AID TRAINING QUALIFICATIONS:						
STATE DRIVER'S LICENSE NO. _____						<input type="checkbox"/> STANDARD DATE EXPIRES: _____						
CAP DRIVER'S PERMIT (CAPF 75) _____						<input type="checkbox"/> ADVANCED						
CAP MEMBERSHIP EXPIRES _____						<input type="checkbox"/> EMT/EMICT/PARAMEDIC						
PRESENT CAPF 101 EXPIRES _____						<input type="checkbox"/> CPR DATE EXPIRES: _____						
ATTACH SUPPORTING DOCUMENTATION IN ACCORDANCE WITH INSTRUCTIONS ON REVERSE.												
I CERTIFY THAT ALL REQUIRED TRAINING HAS BEEN SATISFACTORILY COMPLETED AND THAT THE MEMBER IS QUALIFIED IN THE SPECIALTY AREAS INDICATED.												
SIGNATURE OF REQUESTER						DATE		TYPED NAME/GRADE OF REQUESTER				
SIGNATURE OF UNIT COMMANDER						DATE		ACTION NO.				
SIGNATURE OF GROUP COMMANDER						DATE		ACTION NO.				
SIGNATURE OF WING/REGION COMMANDER						DATE		ACTION NO.				

INSTRUCTIONS FOR COMPLETING CAP FORM 100

1. Initial qualifications and renewals:

- a. For the General Emergency Services (ES) specialty, submit CAPF100 along with one copy of the required supporting documentation to the unit commander for the unit commander's signature on the CAPF101. Units will notify wing headquarters of issuances of CAPF101 with the General ES specialty.
- b. For initial qualifications (other than the General ES specialty), submit CAPF 100 (original plus two copies) along with one copy of the required supporting documentation through the unit commander to the wing headquarters (or through the region DO to the region commander for region staff personnel in regions issuing specialty qualification cards).
- c. For renewals other than Incident Commander and Agency Liaison, submit CAPF 100 along with one copy of the required supporting documentation to the unit commander for the unit commander's signature on the CAPF 101. Units will notify wing headquarters of CAPF 101 renewals.
- d. For Incident Commander and Agency Liaison renewals, submit CAPF 100 (original plus two copies) along with one copy of the required supporting documentation through the unit commander to the wing headquarters (or through the region deputy chief of staff [DCS] for operations or emergency services as applicable to the region commander for region staff personnel in regions issuing specialty qualification cards).

2. Complete all applicable blocks; do not leave out requested information.

3. Indicate the specialty ratings or training areas (maximum of three training areas at any one time) requested.

4. Use a separate application for CAPF 101 and 101T. Do not combine specialty qualification, upgrade, and/or training requests on the same form

5. Attach the following supporting documentation as applicable to the ratings (or training areas) requested:

a. All applications:

- (1) Copy of CAP Test 116 completion record (top of answer sheet) for initial application.
- (2) Evidence of prerequisite qualifications or training (copy of previously issued CAPF 101 [only if transferring from another wing], course completion certificate, etc.).
- (3) Evidence of satisfactory completion of required classroom instruction.
- (4) Required specialty training (copy of endorsed CAPF 101T indicating training received) (initial application for a particular specialty rating only).
- (5) Evidence of satisfactory completion of continuing training requirements (renewal of particular specialty ratings only).

b. Pilots:

- (1) Copy of current CAPF 5.
- (2) Copy of current CAPF 91 (SAR/DR mission pilots only).
- (3) Evidence of current FAA flight review (copy of logbook page or other record),

c. Ground Team Leaders and Members:

- (1) Copy of first aid (or equivalent) training certificate.
- (2) Evidence of satisfactory completion of Bloodborne Pathogen training (a minimum of two ground members/leaders on each ground team must have received this training).